MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE A FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S, ...

	·	(101101	313 (₍₂₎ , 11	FORM		ΥΤ(S, ., /								
	ASI	AS FILED		AFTER		AFTER		ro Lo	<u> </u>		A Piv	rer		
		IND. DEP.		IND. DEP.		^{1 ™} AMENDMENT			AS FILED		AFTER		AFTER 2 MAMENDMENT	
1	1	DEI.	IND.	DEP.	IND.	DEP.	-	F.	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	7					l	1	51 52	 					
3	 	ļ]	53						
5	 	├					İ	54					· · · · ·	
6	1-4-	 		<u> </u>			1	55						
7		· ·					i	56 57		·				
8							1	58	<u>-</u>					
9] .	59						
11		 					l	60					· · · · · ·	
12	1	 						61						
13								62		·				
14								64						
15 16		i			·			65						
17								66						
18								67 68						
19								69						
20					·			70						
21 22								71						
23								72						
24								73						
25							-	75						
26 27]			76						
28	-							77						,
29								78 79						
30								80						
31								81						
32 33								82						
34							·	83 84						
35							·	85						· ·
36							İ	86						
37 38								87						
39.						{		88						
40							ŀ	89. 90						
41 ·							į.	91						
42							Ī	92						
43				f			Ţ	93						
45							ŀ	94						
46							H	96						
47							T I	97						
48	Ţ	I					İ	98						
49 50							Ţ	99						
TOTAL IND.	7 1	1		1			ŀ	100 TOTAL IND.		I				_
TOTAL DEP	<i> </i>	<u> </u>	L	4		_		TOTAL DEP		_		7		_
TOTAL CLAIMS			I				ľ	TOTAL						
PTO - 1360 (constant de sal					L	CLAIMS		S. DEPART	MENT of CO	MMERCE		
					· · ·				P	atent and Tra	demark Office	:		